



Coronavirus Disease 2019 (COVID-19)

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Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education (IHEs)

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[Print](#)

Overview

To promote safe and healthy learning environments in Institutions of Higher Education (IHEs), IHE administrators can work together with health departments to reduce the risk of coronavirus disease 2019 (COVID-19). IHE administrators play an important role by taking steps to slow the spread of disease to prevent outbreaks, and protect students, staff, and faculty. Regardless of the level of community transmission, IHEs should be prepared for COVID-19 outbreaks in their communities that may introduce infection to the IHE, identification of cases among students, staff, and faculty, and potential exposure(s) to COVID-19 that may occur at IHE facilities or events.

[Interim Guidance for Administrators of U.S. Institutions of Higher Education](#) provides guidance to assist IHE administrators in planning a comprehensive response. Many IHEs are adopting approaches to reduce the risk of SARS-CoV-2, the virus that causes COVID-19, transmission on campus. These approaches include increased social distancing in

classrooms and dining halls, requirements for face masks, reducing density of on-campus housing, and various testing strategies. However, off-campus community settings including apartments, bars and restaurants, and community spaces related to campus (e.g., communities of faith, Greek organizations, athletic events, other mass gatherings) can also pose a risk for SARS-CoV-2 transmission. These off-campus settings should also be considered in case investigation and contract tracing efforts.

Case investigation and contact tracing are [essential interventions](#)  [\[9.9 MB, 20 Pages\]](#)  in a successful, multipronged response to COVID-19, and should be implemented along with other [mitigation strategies](#). As students move into communities near IHEs, and IHEs resume in-person learning, case investigation and contact tracing with students, faculty and staff associated with the campus should be anticipated as a crucial strategy to reduce further transmission once a case is identified. Centers for Disease Control and Prevention (CDC) encourages collaboration between IHEs and state, tribal, local, and territorial (STLT) health departments when [investigating cases and exposures to infectious diseases, including SARS-CoV-2, the virus that causes COVID-19](#). Prompt and coordinated actions, including case investigation and

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contact tracing, inform decision-making about strengthening, focusing, and relaxing [mitigation strategies](#). This document aims to highlight potential collaboration between health officials and IHE administrators to facilitate effective case investigation and contact tracing.

Who this guidance is for: Administrators of public and private IHE. IHEs are comprised of a diverse set of colleges, universities, and technical schools, including 2- or 4-year, public, private non-profit, private for-profit, comprehensive, research-focused, or special-mission institutions. IHE administrators (e.g., presidents, deans, provosts) include individuals who make policies and procedures, set educational aims and standards, and direct programming of IHEs. This document may also be informative for public health professionals coordinating IHE case investigations and contact tracing.

Background

COVID-19 is a [nationally notifiable disease](#). When diagnosed or identified through laboratory or clinical criteria, COVID-19 cases are required to be reported, by health care providers and laboratories, to state, tribal, local, and territorial (STLT) health departments. When laboratories send positive test results for SARS-CoV-2 to health departments, many of these results are received via electronic laboratory report. Testing locations, such as pharmacies and community testing sites, are also required to report positive test results to the health department for follow-up. Healthcare providers from a variety of clinical settings, including school-based clinics and community-based settings, also complete case reports on symptomatic patients diagnosed with COVID-19. Health departments have primary responsibility for case investigation and contact tracing. Case investigation and contact tracing are core disease control measures that have been employed by STLT health department personnel for decades, and an important part of the COVID-19 response.

Case investigation is the process of working with a person (patient) who has been diagnosed with COVID-19 to discuss their test result or diagnosis, assess their symptom history and health status, and provide instructions and support for self-isolation and symptom monitoring. This interaction is the first step to review the activity history of the person diagnosed with COVID-19, while infectious, and identify people (contacts) who may have been exposed to COVID-19.

Contact tracing is the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19, provide information about the virus, and discuss their symptom history and other relevant health information. In addition, instructions for self-quarantine and monitoring for symptoms, and support and referrals to testing, clinical services, and other essential support services are provided, as indicated.

The case investigation and contact tracing processes help to prevent further transmission of disease by separating people who have (or may have) an infectious disease from people who do not. Prompt identification, voluntary self-quarantine, and monitoring of those contacts exposed to SARS-CoV-2, [can effectively break the chain of transmission and prevent further spread of the virus in a community](#).

Classification of an individual as a close contact is based on many factors and should be assessed on a case-by-case basis. In the context of COVID-19, the definition of a close contact is someone who was within 6 feet of a person diagnosed with COVID-19, for at least 15 minutes. More information to inform the determination of exposure risk can be found on [CDC's Public Health Guidance for Community-Related Exposure webpage](#). The page notes that: 1) data to inform the definition of close contact are limited. Factors to consider when defining a close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was from a person with symptoms (e.g., coughing likely increases exposure risk). Furthermore, while research indicates masks may help keep those who are infected from spreading the infection, there is less information regarding how much protection masks offer a contact exposed to a symptomatic or asymptomatic patient. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a mask. 2) Data are insufficient to precisely

define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but at least 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., whether the infected person coughed directly into the face of the exposed individual) remain important. Assessment of exposure, beyond close contacts, is a recommended strategy in some [IHE](#) settings to control transmission of SARS-CoV-2.

SARS-CoV-2 (the virus that causes COVID-19) can cause symptomatic illness and asymptomatic infection among young and healthy populations. The IHE setting may be a potential source of COVID-19 outbreaks due to the number of individuals intermingling in close proximity for extended periods of time. IHE settings contain a mixed population of students, staff, and faculty, ranging from young to older adults, who can be highly interconnected in multiple, close-contact networks such as classrooms, libraries, theaters, gymnasiums, social meal events (e.g., brown bag lunch lectures, grazing tables at IHE events, study and snacking sessions, dining facilities), sports teams, clubs, dormitories, on-campus work environments, transportation, and fraternities/sororities. These close settings, as well as close contact activities such as certain sports, may cause the IHE population to be at increased risk of transmission of the virus. In addition, many campuses host child-care centers, operate retail centers or have venues open to the general population. COVID-19 outbreaks have been reported from IHEs that extended beyond students, to include household and community contacts.¹ Additionally, modeling studies have estimated that new cases of COVID-19 increase more quickly within a residential IHE setting than in the general population.² Close-contact residential settings (on-campus and off-campus), large group classes in closed indoor settings, and frequent small-group interactions, have been modeled to demonstrate that multiple, short chains of infection can increase the likelihood of virus spread.³ As a result of this close-contact network, it is important to use case investigation and contact tracing to rapidly identify persons who test positive for SARS-CoV-2, those who have been exposed to the virus, and those who may be at risk for possible exposure. This identification process is necessary to mitigate transmission and prevent SARS-CoV-2 outbreaks.

Health departments are responsible for leading case investigations, contact tracing, and outbreak investigations. Case investigation and contact tracing in response to COVID-19 transcends standard practice. Throughout the country, health departments are scaling up case investigation and contact tracing programs by using different staffing models and technology supports. Given the large number of COVID-19 cases reported to health departments, coupled with how easily and quickly SARS-CoV-2 is spreading, health department resources can be overwhelmed. Multisector partnerships can be an asset to expand the reach and timeliness of case investigation and contact tracing, thus facilitating prompt isolation and quarantine of cases and contacts. Partnerships between health departments and IHEs are encouraged because they may help limit the spread of COVID-19, in these settings and local communities.






Federal, state, and local legal considerations





All COVID-19 preparedness and response activities should be implemented in a manner that is consistent with jurisdictional public health recommendations and should align with existing federal, state, tribal, local, and territory workplace laws, as well as federal privacy laws such as the [Family Educational Rights and Privacy Act \(FERPA\)](#) [↗](#).

Legal authority and responsibility for communicable-disease investigation and contact tracing granted through legislation and regulation, and often articulated in health and safety codes, lies with [state, tribal, local, and territorial health departments](#).

CDC encourages collaboration between the IHEs and health department when an IHE employee or student case is identified and during investigation of IHE-related exposures to COVID-19. All case investigation and contact tracing support activities conducted by the IHE should be undertaken in coordination and agreement with the health department.

Allowable contact tracing activities among minors may vary greatly by jurisdiction, based on state, tribal, local, and territorial law. Some jurisdictions allow for individuals as young as 12 to answer medical and public health-related questions, while others require permission by the parent, caregiver, or guardian for all minors. IHEs should consult with public health officials and legal counsel to determine how best to conduct case investigations and contact tracing involving minors, as well as permissions necessary. This is particularly important with implementation of innovative models, such as proximity apps, which identify individuals who may have been exposed to COVID-19 by using their electronic devices to record time spent in proximity to a case. According to state, tribal, local, and territory legal parameters, some IHEs and health departments may need to obtain consent from parents, caregivers, or guardians for activities conducted with some or all minors, and students with disabilities.

The [Federal Family Educational Rights and Privacy Act \(FERPA\)](#)  protects the privacy of student education records, including contact information. FERPA generally prohibits disclosures of a student's personally identifiable information (PII) from education records without the consent of parents in the event the student is under 18, or the student, if that person is at least 18 or attending an institution of higher education at any age. The U.S. Department of Education released [FERPA & Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions \(FAQs\)](#)  [\[233 KB, 9 Pages\]](#)  to assist school and IHE officials in protecting student privacy and clarifying allowable disclosures of PII from education records under FERPA. The document highlights the FERPA exception "to disclose, without prior written consent, PII from student education records to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of a student or other individuals." In the event the IHE determines that there is an "articulable and significant threat to the health or safety of the student or another individual," such as may be the case during a public health emergency, this information may be disclosed to public health authorities without prior parental consent. When releasing contact information from a student's education record, the IHE must record in the student's education record the articulable and significant threat that formed the basis for the disclosure, and the parties (e.g., local health department) to whom information was disclosed. IHEs that plan to participate in contact tracing efforts should still consider obtaining student and/or parental consent prior to an outbreak to facilitate transparency and disclosures that fall outside of the health or safety emergency exception. IHE officials should consult with their legal counsel in preparing a consent form. The U.S. Department of Education has created a [sample FERPA consent form](#)  [\[233 KB, 9 Pages\]](#)  for voluntary adoption by educational institutions.

Confidentiality is a cornerstone of health department case investigation and contact tracing. [Minimum professional standards for any agency handling confidential information should include providing employees with appropriate information and/or training regarding confidential guidelines and legal regulations.](#) All personnel involved in case investigation and contact tracing activities with access to such information should sign a confidentiality statement acknowledging the legal requirements not to disclose COVID-19 information. Efforts to locate and communicate with clients and close contacts must be carried out in a manner that preserves the confidentiality and privacy of all involved. [This includes not revealing the name of the client to a close contact unless permission has been given \(preferably in writing\), and not giving confidential information to third parties \(e.g., roommates, neighbors, family members\).](#) Note that all activities and information collected by an IHE should be limited to the IHE setting and be consistent with applicable federal, state, tribal, local, and territorial privacy, health/medical, and workplace laws and regulations (e.g., [U.S. Equal Employment Opportunity Commission \[EEOC\]](#) , [Americans with Disabilities Act \[ADA\]](#) , and [Section 504 of the Rehabilitation Act \[Section 504\]](#) ). Violation of privacy and confidentiality can result in breaking federal or state laws intended to protect the public, and also erode trust that the health department and the IHE have built with the student, staff, and faculty. Additional resources to become familiar with include [the HHS Office for Civil Rights \(OCR\) HIPAA](#) , [HHS COVID-19 Bulletins](#), and [CDC's compilation of training plans on requirements for the protection of health information](#).

Additional considerations for IHEs relate to their role as an employer. CDC's [Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers Guidance](#) lays out case investigation and contact tracing roles and responsibilities of health departments and employers. Additionally, according to [CDC's Strategies for Protecting K-12 School Staff from COVID-19](#), every school should have a plan in place to protect staff, children, and their families from the spread of COVID-19, and a response plan in place for if a student, faculty, or staff member tests positive for SARS-CoV-2. While this guidance is written for K-12 schools, the same principles apply to the IHE setting. For information on developing and implementing an Emergency Operations Plan (EOP), please refer to the [Considerations for Institutes of Higher Education](#) website. Resources related to developing an IHE-based emergency operations plan, including an interactive tool to create one, are also available at [Readiness and Emergency Management for Schools Technical Assistance Center](#) [↗](#). An important part of an IHE's EOP is to develop a plan for conducting initial and periodic [hazard assessments](#) [↗](#) of the IHE to identify COVID-19 risks, prevention strategies (e.g., engineering and administrative controls and any needed personal protective equipment (PPE)), and to identify new or recurring hazards. [The Occupational Safety and Health Administration's \(OSHA\) interim guidance](#) [↗](#) outlines OSHA's enforcement policy with respect to the recording of occupational illnesses, specifically cases of COVID-19. Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus covered employers are responsible for recording employee cases of COVID-19 that meet certain criteria. IHEs are encouraged to frequently check [CDC workplace](#) guidance and [OSHA's COVID-19 webpage](#) [↗](#) for updates to inform planning and response activities.

IHEs are encouraged to consult with their human resources, legal, medical, and occupational safety and health guidance policies and other resources to help them develop and implement their COVID-19 preparedness, response, and control plan.

Roles and responsibilities

IHE involvement with the official health department case investigation or contact tracing process may vary. It will depend on the authorities, responsibilities, and capacities of their health departments; federal, state, tribal, local, and territorial laws and regulations; and capacity of the IHE to participate in these activities.

When health department personnel investigate a case, if they learn that a person was physically present at an IHE where close contact with others (staff, faculty, students, or community members) may have occurred, the health department may contact the IHE staff, faculty, students, and others to let them know of potential exposures. In some instances, this may involve obtaining consent from parents, caregivers or guardians to contact all or some minors.

Health department collaboration with the IHE will vary, depending upon the situation. The following three scenarios outline possible health department actions when an IHE case is identified:

- **Ask the IHE for help in understanding the risk for transmission of the virus in the IHE community and help to identify exposures and contacts in the IHE setting.** This may include health department-initiated interviews, site visits, and reviews of IHE records to identify close contacts who may have been exposed to the virus to better understand the risk for transmission. Please note that an “agreement” with the health department does not facilitate disclosure of PII from education records without falling under the FERPA health or safety emergency exception.
- **Ask the IHE to identify contacts among the immediate community of students, staff and faculty affected by the case.** While this is not typical, some health departments have or may initiate agreements with IHE occupational health, medical programs, or trained occupational safety and health personnel who are able to formally and confidentially carry out some aspects of contact tracing in the IHE setting. In such situations, to protect privacy, health departments should take responsibility for case investigation and contact tracing outside of the IHE setting. If IHEs are interested in this type of agreement, they should contact their health department in advance to discuss the possibility and details of this option. Please note that an “agreement” with the health department does not facilitate disclosure of PII from education records without falling under the FERPA health or safety emergency exception.
- **Conduct contact tracing without directly engaging the IHE.** The health department may decide they do not need assistance or information from the IHE. They may refrain from direct involvement because they may not have the resources to follow up with the IHE. They also may not be permitted to involve an IHE because state, tribal, local, or territorial privacy laws may limit third-party involvement in contact tracing without the case patient’s consent. To the extent possible, health departments should notify IHEs that contact tracing is in progress, even if not able to provide any additional information.

IHE administrators can play an important role in establishing [preventive measures](#) to limit the spread of COVID-19 in the IHE setting and provide partnership and support in case investigation and contact tracing when a case is identified.

Ways IHEs can prepare

IHEs should also be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in facilities. CDC's [Interim Guidance for Administrators of US Institutions of Higher Education](#) provides information to assist IHE administrators in preparation and planning mitigation strategies most appropriate for their current situation to minimize risk and maintain a healthy environment. This guidance suggests that when a confirmed case has been on campus, regardless of community transmission, the IHE should coordinate with public health officials to determine the next steps in communication with students, staff, and faculty, and decide whether the cancellation of classes and/or closure of buildings and facilities is necessary. While many of the basic action steps in planning and response for COVID-19 are consistent for all schools and IHEs, the structure of each IHE environment will require individualized solutions for the protection of students, staff, and faculty, particularly in regard to case investigation and contact tracing.

Case investigation and contact tracing efforts require a [multipronged approach](#) to stop the spread of disease, including immediately interviewing and supporting confirmed cases, rapid identification of exposed individuals, self-quarantine of contacts, and linkage to testing. IHEs should assist in ensuring staff, students, faculty, and families are comfortable and willing to participate in the case investigation and contact tracing process. Rapid identification of exposed individuals and the ability to efficiently and confidentially share relevant information is of utmost importance.





It is important to establish plans, policies, and standard operating procedures to reduce the potential for transmission prior to identification of a case, in order to facilitate a swift response. In some instances, health departments may have limited time to engage in planning efforts. IHEs can begin to take steps to prepare, independent of health department involvement. However, it is essential that collaborative agreements be constructed, with the public health departments, for those IHEs that have the capacity to take a more proactive role in case investigation and contact tracing in the IHE setting. The following are action steps for consideration by IHE school administrators to protect their students, staff and faculty from COVID-19 and prepare to collaborate with the health department with case investigation and contact tracing, when a case is identified.

In preparation of supporting case investigations and contact tracing, IHEs should:


Designate an administrator, liaison or office to become familiar with local, state, tribal, territorial and national resources for IHEs about COVID-19 and be responsible for responding to COVID-19 concerns within the IHE community.

All IHE students, faculty, and staff should know who this liaison is and how to contact them. All communication should be directed through these individuals to reduce duplicated work or mixed messaging. Determine if an additional liaison is needed for the student body and families, as well as the best method of communication to document concerns and responses.

Familiarize themselves with federal, state, tribal, local, and territorial laws, regulations, guidelines and policies.


IHE administrators need to be aware of guidance, tools and restrictions that may impact case investigation and contact tracing (e.g., [FERPA](#)  [233 KB, 9 Pages] , [OSHA](#)  [1.7 MB, 35 Pages] , and [CDC Workplace Guidance](#)). Additionally, legal parameters vary by jurisdiction regarding authority (e.g., state, tribal, local, and territorial health department with primary responsibility) to conduct contact tracing, confidentiality, and data security requirements, and program allowances or restrictions (e.g. minor consent, non-health department-third party entity to conduct case investigation and contact tracing activities, or use of technology such as proximity tracing tools). Further, localized differences in characteristics of COVID-19 cases and trends influence policies and procedures regarding case investigation, contact tracing, isolation, and quarantine practices. CDC encourages IHEs to contact their state, tribal, local, and territorial health department to gain insight into the local policies and procedures.

Conduct workplace hazard evaluation and prevention activities.

Employers need to provide a safe and healthy workplace, free from recognized hazards that are likely to cause death or serious physical harm. COVID-19 is a new hazard in the IHE workplace. IHE administrators should carry out relevant [hazard assessments](#)  that can help identify potential hazards related to COVID-19. They should then use appropriate combinations of controls from the [hierarchy of controls](#) to limit the spread of COVID-19 in the IHE setting. Protective measures [for Institutions of Higher Education](#) should be developed in collaboration with [public health officials](#). Consideration of whether and how to implement specific measures should include adjustments to meet the unique needs and circumstances of the IHE and the local community. IHEs can take the following steps:

- Examine [implementation of daily symptom screening such as temperature screening and/or symptom checking](#) for students, faculty, and staff, to identify individuals with COVID-19 signs or symptoms. However, symptom screening alone will not prevent all individuals with COVID-19 from entering IHEs because symptom screenings are not helpful for the identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic.
- Collaborate with [state, tribal, territorial, and local health officials](#), to determine whether local conditions indicate a need for a [testing strategy](#) where daily symptoms and temperatures are screened for entry onto campus. And if so, how to best establish such a program.
- Implement mitigation strategies to help protect students, faculty, and staff and slow the spread of COVID-19, as outlined in CDC's [Considerations for Institutes of Higher Education](#). IHEs can access additional information on the [CDC website to better understand the risk of COVID-19 spread in IHE non-residential and residential \(i.e., on-campus housing\) settings and models of learning](#). IHEs should develop a plan to support needed services for requiring isolation or quarantine, including provisions for housing and virtual classes.
- Consider classroom policies that promote social distancing [and the use of face masks, per CDC guidance](#). If modified classroom structures do not support social distancing of at least 6 feet, consider assigned seating policies or placing students in learning pods so exposures are limited and better documented. Special attention should be taken to engage strategies for social distancing during activities which may have potential to increase exposure. These may include physical exertion and heavy breathing during physical education, singing during choir, or loud projected speech during drama class, among others. If additional space is needed to support social distancing or small group learning, consider all available, safe spaces in the community and any relevant partnerships with properly vetted IHE volunteers that can support students while minimizing group size.
- Consider how attendance and physical distance will be managed at various on campus events (e.g., sporting events, career fairs, guest lecture programs) and congregate activities (e.g., special interest group gatherings, student leadership forums, clubs, other extracurricular activities), if these events have been deemed to be able to take place safely. If it is not possible for events to take place in person, consideration should be given to establish forums for virtual meetings and events.
- Consider implementing other measures to maintain healthy environments and healthy operations (e.g., intensify cleaning and disinfection efforts), as outlined in [Considerations for Institutes of Higher Education](#).
- Consider implementation of policies that aid in contact identification. Considerations may include, but are not limited to: easily accessible information on classroom structure, physical barriers, and seating charts; implementation of policies such as recording attendance and assigned seating during group settings, such as lunch, sporting events, assemblies, and bus rides; easily accessible attendance rosters for classes, tutoring, study groups, extracurricular activities and events; and electronic badge entry/exit to monitor building or room (e.g., library, cafeteria, gym, counseling services) access.

Learn about additional evaluation and prevention activities as well as how IHEs can prepare to collaborate with health departments:

- [CDC's Considerations for Operating Schools](#)
- [OSHA: Hazard Identification and Assessment](#) 
- [Department of Education Readiness and Emergency Management for Schools Technical Assistance Center](#) 
- [Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers](#)

Acknowledge concerns of IHE staff, faculty, students, parents, caregivers, and guardians.

Open communication, including listening to concerns, can help reduce anxiety regarding participation in contact tracing before an outbreak occurs. Messaging on how contact tracing works, including the role of guardians, can help to build trust in the process which will be critical for the community.

Identify appropriate methods to ensure communication, with all IHE students, staff, and faculty, in compliance with the law.


- Multiple methods of communication (e.g., meet 508 compliance standards, large print, multiple languages, translation services for non-English speakers, Braille, American Sign Language, closed captioning, audio descriptions, plain language for people with vision, hearing, cognitive, and learning disabilities) may be necessary for effective delivery. IHEs should explore all available messaging, including, written and electronic communication, social media, meetings, learning management systems, campus-wide updates or surveys, and other forums or communication systems for teachers, staff, students, parents, caregivers and guardians. Auxiliary aids and services should be made available for students, parents, caregivers, guardians, staff, and faculty with disabilities, including those who are visually or hearing impaired. Apps and Text Messaging Programs may be useful to conduct daily health monitoring of students, staff, and faculty, or facilitate notification if a room or class is identified as an area of potential exposure.
 - *Student Leaders and Interest Groups* can facilitate peer-to-peer education and deliver culturally competent messaging to encourage participation in mitigation strategies (e.g., wearing masks, social distancing) and contact tracing. *IHE Student Housing and Community-based Housing Providers* can encourage collaboration with public health officials when a case is identified to facilitate timely and accurate collection of information.
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Educate students, staff, and faculty.

IHEs should be proactive in their messaging on policies regarding:

- [When to stay home](#) and other steps students and staff should take to protect themselves and prevent the spread of COVID-19. Students, staff, and faculty should be actively encouraged to stay home if they have tested positive for SARS-CoV-2, are showing [symptoms of COVID-19](#), or have recently had close contact with a person with COVID-19, including household members. Students, staff, or faculty that have family members, roommates, and other close contacts who test positive for SARS-CoV-2 should follow appropriate guidance on self-quarantining and continue to monitor symptoms. Mitigation strategies used in the classroom should be shared with families, as well as how the IHE intends to cooperate with public health officials, while respecting parental and student rights.
 - What to expect if a COVID-19 case is identified and the importance of case investigation and contact tracing to reduce COVID-19 spread. Providing information on the process of case investigation and contact tracing helps students, faculty, and staff know what to expect. This prepares everyone for a positive engagement with health department and IHE who need cooperation in obtaining names of people and events to facilitate contact tracing. Messaging should be culturally and linguistically appropriate and framed in a manner that prevents stigma and discrimination. CDC's website contains information for the public on [what you can expect with contact tracing](#). [CDC has resources in languages other than English](#). IHEs should encourage staff and faculty to play a role in limiting further spread of COVID-19, by working with the health department to discuss their illness, exposures, and contacts. Messaging should be coordinated with the health department to ensure consistency within the local community.
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Consider how to address the challenges that may arise with different age groups and cultures.

- IHEs and health departments will need to become familiar with privacy and confidentiality laws regarding communication with minors, parents, and guardians regarding the health of a minor (e.g., COVID-19 diagnosis) and public health interventions (e.g., contact tracing). Parental consent may be required for case interview and contact investigation activities with minors, or students with disabilities. Additionally, students may be reluctant to share information about their social networks or peer groups, which may present challenges in eliciting close contacts.
 - Additionally, it is important that case investigations and contact tracing are conducted in a [culturally appropriate manner](#), which includes [meaningfully engaging representatives from affected communities](#)  [80 KB, 3 Pages]. These populations may include [racial and ethnic minorities](#), members of tribal nations, immigrants, refugees, and students from communities with lower incomes. Establishing special liaisons may be helpful in these efforts, including individuals that can translate for students, and parents, or caregivers who may not speak English. IHEs may be in a position to establish social norms which support case investigation and contact tracing and engage student organizations or leaders to serve as messengers to facilitate peer-to-peer education and provide effective culturally competent messaging that encourages participation with the health department.
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Examine policies for absence and leave.

Policies should be flexible and non-punitive, and allow sick students, faculty, and staff to stay home and away from others, including protections for individuals at greater risk for COVID-19, and individuals with certain disabilities. Absence/leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members. Consider implementation of non-punitive “emergency sick leave” policies to encourage sick students, staff, and faculty to stay home if they are sick or have been to exposed to a case of COVID-19.

Examine policies for in-person learning, distance-based learning and telework.

In order to support in-person learning to better accommodate the aptitudes and learning methods of individual students, and meet class requirements for laboratory and practicum work, when possible consider the following: establish policies and practices for social distancing (maintaining distance of at least 6 feet or 2 meters) between students, staff, and faculty, as recommended by CDC, and other federal, state, tribal, local, and territorial authorities; implement flexible class schedules or work hours (e.g., staggered shifts); consider whether flexible learning platforms or worksites (e.g., distance-based learning, telework) can meet students’ learning needs.

See resources to help plan and prepare for in-person, distance-based learning and telework:

- [CDC’s Considerations for Institutions of Higher Education](#)
- [Department of Education Readiness and Emergency Management for Schools Technical Assistance Center](#) 
- [Interim Guidance for Businesses and Employers](#)

Review guidance for the management of other communicable disease outbreaks in close living quarters and guidance for shared or congregate housing facilities to identify steps to prevent the spread of COVID-19.

On-campus housing, including dorms and apartments, poses challenges with disease transmission, case investigation and contact tracing given that many individuals live in close proximity. Residential assistance personnel (e.g., residential assistants, apartment directors) routinely provide students with support and monitoring and may be resources to facilitate cooperation among the residents and assist in information gathering for case investigations and contact tracing activities. Documentation of residential building events and other activities may also help to document a full exposure history.

Become familiar with COVID-19 reporting requirements and local processes.

All suspected and confirmed cases of COVID-19 should be immediately reported to the state, tribal, local, or territorial health department. This is a legal reporting requirement for those IHEs providing clinical services. [Case definitions](#) and core data variables for reporting are standardized at the national level. However, state, tribal, local, and territorial health departments have in some instances modified local reporting requirements to better assess local risk factors and enhance the ability to prioritize cases at greatest risk for severe complications or spread.

Become familiar with health department resources.

This can be done through accessing health department websites to learn about resources and identify a point of contact. Initiating communication with the health department may provide additional clarity on the case investigation and contact tracing process, potential roles and responsibilities for health department and IHE personnel, and occupational health and safety programs that may be able to assist in the event a case is identified.

Ensure that IHE student contact information and attendance records are up to date.

Changes in student living situations and the disruption to classes in the spring due to COVID-19 may have made it more challenging for IHEs to know where their students live and/or how to contact their families and caregivers. Whether done manually or supported by technology such as a Student Information System, keeping these records up to date will be critical to communications, prevention, and investigations.

When a COVID-19 case is suspected or confirmed

When a student, staff member, or faculty is suspected or confirmed to have COVID-19, IHEs should:

Take action!

Follow jurisdictional reporting criteria for immediate notification to facilitate swift activation of case management, contact tracing and local mitigation protocols. [Case investigation is recommended for probable and laboratory confirmed cases](#). **Due to the potential for spread (exposure of large numbers of people), IHEs and health departments will need to work quickly to begin the contact notification process. Open and timely communication is key to prevent further transmission and allows for immediate intervention.**

Follow appropriate guidance and protocols to facilitate self-isolation and other referrals for students, staff, or faculty suspected of or diagnosed with COVID-19.

Administrators are advised to defer to health care providers and health departments for the medical management of symptomatic students, staff, and faculty, and advise on their ability to safely return to class or work.


- If a student, staff, or faculty is identified on campus or in a daily symptom screening/check with symptoms consistent with COVID-19, the following steps should be taken:
 - The IHE has an opportunity to expedite referral of the symptomatic person(s) to a health care provider in order to receive a clinical evaluation and testing, as appropriate.
 - Note: Not all people who are sick nor those identified through symptom check-ins will be referred for testing, or if tested, test positive or be diagnosed with COVID-19.
- If a probable or confirmed diagnosis of COVID-19 is identified in a student, staff, or faculty member, the following steps can be taken:
 - Refer the person for [self-isolation](#) and [testing](#) per CDC guidelines, and state, tribal, local, or territorial health department protocols.
 - Encourage them to contact their health care provider for clinical management as necessary, and [when to](#)

[seek emergency medical attention.](#)

- Inform the person that the health department will be following up with them (e.g. discuss their diagnosis, assess needed isolation supports, and obtain information about close contacts who may have been exposed) in order to prevent further spread of the virus; [encourage the person to “answer the call” from the health department.](#)
 - If a student is diagnosed with probable or laboratory confirmed case of COVID-19 through the student health center, the following steps should be taken:
 - Immediately report the case to the health department, per state, tribal, local, or territorial reporting protocols and consistent with the Family Educational Rights and Privacy Act (FERPA). This is a legal reporting requirement for those IHEs providing clinical services.
 - Case definitions and core data variables for reporting are standardized at the national level. However, state, tribal, local, and territorial health departments have in some instances modified local reporting requirements to better assess local risk factors and enhance the ability to prioritize cases at greatest risk for severe complications or spread.
 - If staff or faculty are diagnosed with probable or laboratory confirmed case of COVID-19 through the IHE’s occupational health services program, the following steps should be taken:
 - Immediately report the case to the health department, per state, tribal, local, or territorial reporting protocols.
 - Ensure compliance with federal, state, tribal, local, or territorial OSHA and privacy laws in conducting case reporting and determining the next steps with case investigation and contact tracing for students, staff, and faculty.
 - If cases of COVID-19 have been identified among residents of on-campus community housing, work with public health officials to take [additional precautions.](#)
 - Individuals with COVID-19 may need to be moved to temporary housing locations. These individuals will need to self-isolate and be monitored for worsening symptoms according to the guidance of state, tribal, local, or territorial public health officials. Close contacts of the individuals with COVID-19 may also need temporary housing so they can self-quarantine and self-monitor for symptoms. Consult with public health officials to determine when, how, and where to move ill residents. Information on providing home care to individuals with COVID-19 who do not require hospitalization is [available on CDC’s website.](#)
 - Residents identified with COVID-19 or identified as contacts of individuals with COVID-19, should not necessarily be sent to their permanent homes off-campus. Sending sick residents to their permanent homes could be infeasible, pose logistical challenges, or pose risk of transmission to others either on the way to the home or once there. IHEs should work with state, tribal, local, or territorial public health officials to determine appropriate housing for the period in which they need to self-isolate or self-quarantine and [monitor for symptoms or worsening symptoms.](#)
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Collect information about the IHE setting to inform case investigation and contact tracing.

One of the [most useful things](#) an IHE can do to assist is to quickly prepare and provide information and records to aid in the identification of potential contacts, exposure sites and mitigation recommendations. Health department collaboration with IHE administration to obtain direct information of other individuals with shared rooms, shared living spaces, class schedules, shared meals, or extracurricular activities will expedite contact tracing. Timely, accurate and actionable information is key in notifying people of potential exposure and initiating [self-quarantine](#) for exposed individuals to interrupt the spread of COVID-19.

- Information specific to the IHE setting may include, but is not limited to, in-person and distance learning schedules, class rosters and seating assignments, learning pods, tutoring and counseling sessions, attendance rosters for extracurricular activities and events, student housing rosters, and IHE dining/meal service and facility information.
- Documentation of names and locating information for students, parents, guardians, families, faculty, staff, advisors, chaperones, and participants at extracurricular events (e.g., sporting events, cheer events, debate competitions, student leadership events), including the names of event coordinators and other IHEs, when participation of multiple IHEs takes place at a single location, is also important information to be maintained and, where necessary and allowable, shared.
- Other examples of useful information to have on hand can be found in the [Interim Customizable Non-Healthcare Workplace Infection Control Assessment and Response \(WICAR\) tool — Coronavirus disease 2019 \(COVID-19\)](#). 
- Note that all activities and information collected by an IHE should be limited to the IHE setting and be consistent with applicable federal, state, tribal, local, and territorial privacy, health/medical, and workplace laws and regulations.

Implement flexible and non-punitive policies

Support students, faculty and staff diagnosed with COVID-19 and potentially exposed to COVID-19 to stay home and away from others, in accordance with [CDC guidance](#), and as recommended by their health care provider.

Ensure privacy and confidentiality for individuals who have been diagnosed with COVID-19 or potentially exposed to COVID-19


This is critical in maintaining trust with students, staff, and faculty and is essential for legal compliance.

Assisting the health department with contact tracing

State, tribal, local, and territorial health departments have the legal authority to complete contact tracing. IHE activities should supplement the health department activities to ensure all exposed individuals are documented in a secure manner and receive proper follow-up. Where possible, IHEs and health departments should establish policies and procedures prior to the identification of a case within the facility. IHEs that have the interest, expertise and resources to take a proactive role in case investigation and contact tracing in the IHE setting, should take the following steps in planning for implementation of IHE-based programs to support case investigation and contact tracing for COVID-19:

- Define roles, responsibilities, communication, reporting and data requirements with health departments and initiate formal agreements, as appropriate. There are many different kinds of IHEs (e.g., large universities with on-campus residential and healthcare facilities, small schools with a commuter population), and many different structures for engagement of staff/faculty (e.g., adjunct faculty, contract staff), students (e.g., internships, externships, student teaching, clinical rotations), and the community (e.g., IHE concert venues, retail shopping, research-parks). Depending on the structure of the IHE and its presence within the community, the level of community interaction will vary. Typically, the scope of case investigation and contact tracing for the IHE is limited to outreach to their students, staff, and faculty. It is essential that IHEs and health departments partner to ensure contact tracing among community members, and that work closely with city/county officials to jointly craft communication regarding potential exposure sites within the community.
- Become familiar with Health and Safety Codes regarding case investigation and contact tracing, ADA, Section 504, Occupational Health, FERPA and other relevant laws, regulations and guidance. Consult occupational health programs to determine policies and practices related to IHE staff and faculty.
- Identify appropriate IHE personnel to provide leadership, oversight and quality assurance of case investigation and contact tracing activities.
- Identify appropriate personnel to conduct case investigation and contact tracing activities. Typically, health departments partner with occupational health, medical programs, or trained occupational safety and health staff who can formally and confidentially carry out some aspects of contact tracing. IHEs should ensure compliance with federal, state, tribal, local, and territorial OSHA and privacy laws in the selection of staff and implementation of case investigation and contact tracing activities with students, staff, and faculty.
- Provide knowledge and skill-based training for personnel conducting case investigation and contact tracing. CDC's website has [resources for training](#). IHEs should ensure that trainings and resources are coordinated with local health departments to maintain a cohesive program within the jurisdiction.
- Define roles and responsibilities for IHE occupational health clinics/programs and student health centers, making distinctions between the role as a health care provider with responsibilities for case reporting, and the role as advisor(s) in case investigation, contact tracing and outbreak response when COVID-19 is identified in the IHE setting. IHEs should ensure compliance with federal, state, tribal, local, and territorial privacy and occupational health laws in determining the specific responsibilities of IHE clinic and student health center staff with students, staff, and faculty, during COVID-19 case investigation, contact tracing and outbreak response.
- Ensure confidentiality, privacy and data security training and signed confidentiality agreements for all personnel conducting case investigation and contact tracing. Awareness of federal, state, tribal, local, and territorial laws regarding patient privacy and confidentiality should be a priority. For additional information about confidentiality, please see CDC guidance on [Confidentiality and Consent](#).
- Develop policies and procedures for case investigation and contact tracing among students, staff, and faculty. IHE administrators and public health officials should work together to determine what information is needed in order to properly notify potentially exposed students, staff, or faculty, who is most appropriate to deliver that information, and how that information can be delivered in a secure manner. IHEs should review existing [Interim Guidance on Developing a COVID-19 Case Investigation Contact Tracing Plan](#), [Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers](#) and other [Contact Tracing Resources](#) to inform the development of policies and procedures.
- Review, with state, tribal, local, or territorial public health officials, required data elements for a case investigation and identify the best methods of gathering necessary information. IHE administrative data management systems may vary greatly in design and accessibility. Information relevant to a case investigation and contact tracing can be provided by the health department. Specific pieces of personal information including phone number, demographics, and class schedule will greatly increase the speed with which health officials can complete the exposure notification process. Ensuring privacy and confidentiality about persons diagnosed with and potentially exposed to COVID-19 is critical in maintaining trust with students, faculty, and staff. Secure methods (i.e., secure email, reporting portals,

secure FTPs, etc.) of transferring contact information to health departments will prevent unauthorized release of private information.

- Health department staff may provide training or language to properly discuss cases and exposures without revealing identifiable information. IHEs should identify personnel necessary to gather and transmit the information and be prepared to answer, at minimum, the following questions:
 - How can you quickly identify everyone in a classroom or shared space at a specific time? How is this information retrieved from the IHE data system? Do contacts have to be identified one at a time or can you access information on group exposure (e.g., all students in one classroom)?
 - How quickly can you determine if there are shared dining or meals? How will this information be gathered?
 - How are extracurricular activities documented and recorded?
 - How will household contacts be identified and who will conduct notification of exposure and related referrals in different settings (e.g., housemates at current residence, including student housing or community housing; family members, including children who may attend other schools; childcare programs or other early care settings, and other relatives)?
- Technology can support case investigation, symptom monitoring and contact tracing but cannot take the place of the staff who interview, counsel, and provide support for those impacted by COVID-19. There are two key types of technology that can contribute to the contact tracing process: case management tools—which augment information collected from surveillance systems, enhance data capture, and provide workforce management tools (such as automated SMS symptom monitoring of cases and contacts); and proximity tracing and exposure notification tools—voluntary opt-in tools to augment traditional contact tracing using Bluetooth or GPS. Digital tools to support contact tracing should be reviewed for compliance with federal, state, tribal, local, and territorial laws and regulations, considered, developed and implemented in coordination with the public health officials, with the inclusion of robust evaluation plans. For more information, reference CDC's [Guidelines for the Implementation and Use of Digital Tools to Augment Traditional Contact Tracing](#) .

IHEs can be an excellent resource

IHEs with relevant expertise can be an excellent resource to state, tribal, local, and territorial health departments as they scale up case investigation and contact tracing in response to COVID-19.

In some instances this partnership takes the form of a collaborative engagement and in other instances formal agreements may be required in order to ensure compliance with state, tribal, local, and territorial health and safety codes regarding the authority to conduct case investigation and contact tracing and ensure appropriate privacy, confidentiality and data security. There are a number of areas where IHEs can be a resource to health departments to enhance with case investigation and contact tracing, including but not limited to:






- **Enhancing case investigation and contact tracing skill sets.** IHE faculty expertise in public health programs, epidemiology, and outbreak response may be beneficial in the development of distance-based training programs. Additional expertise in the development of interactive skill-building training modules that support cultural competency, patient or client resiliency, and encourage health seeking behaviors, may be beneficial in enhancing the communication skills of case investigators and contact tracers.
- **Evaluation of case investigation and contact tracing programs.** IHE faculty with expertise in program evaluation can be an incredibly valuable resource in the COVID-19 response. Partnership in the assessment of case investigation and contact tracing processes and outcomes, continuous quality improvement, and identification of promising practices are essential in implementation of an effective program.
- **Provision of technical assistance to enhance case investigation and contact tracing outcomes.** Some IHEs have expertise in community engagement, development of communities of practice, or a keen understanding of the

cultural factors faced by tribal nations, refugees, immigrants, migrants, and other vulnerable populations such communities with lower incomes. As health departments take steps toward building case investigation and contact tracing programs with more culturally competent services, technical assistance from subject matter experts can help to refine program messaging and tools. IHE personnel may also partner with health departments to act as facilitators and bridge dialogue with affected communities.

- **Provision of staffing for health department case investigation and contact tracing programs.** Some IHEs have developed formal agreements with state, tribal, local, and territorial health departments to provide staffing for the scale up of case investigation and contact tracing. Laws and regulations that determine allowances and restrictions with implementation of case investigation and contact tracing vary by jurisdiction. Therefore, roles and responsibilities of the IHE in case investigation and contact tracing should be discussed and determined in conjunction with state, tribal, local, or territorial health department staff prior to initiation of activities. These agreements can take several forms including:
 - IHEs accepting responsibility for administration and implementation of case investigation and contact tracing of probable and confirmed COVID-19 cases among students, staff, and faculty;
 - IHE conducting case-specific community contact tracing activities related to cases which are identified through IHE students, staff, and faculty;
 - IHE conducting work on behalf of the health department, with more broad responsibility for assistance with administration and implementation of community-wide contact tracing;
 - IHE creating opportunities (e.g., volunteer workforce) and policies (e.g., academic credits for activity hours conducted) to encourage students, staff, and faculty with relevant expertise (e.g., epidemiology, public health, community health, nursing students, medical students) to support health department case investigation or contact tracing programs;
 - Individual students, staff, or faculty who are interested in gaining experience in the COVID-19 response may work shifts with a health department case investigation or contact tracing program.

CDC encourages partnerships between IHEs and health departments to enhance scale-up of case investigation and contact tracing infrastructure. IHE students, staff, and faculty can be an asset to IHE-based case investigation and contact tracing. Students in public health programs may be considered for recruitment as they will have basic knowledge of epidemiological principles and may also have experience working with state, tribal, local, or territorial health departments. Students from organizations representing minority or ethnic groups, student populations, and other populations with disproportionate case rates, or hard to reach communities with lower incomes, could be assets in enhancing the cultural competency of case investigation and contact tracing staff. Student organization leadership who are trusted campus leaders and understand the importance and confidentiality of the contact tracing process, may also be an effective workforce. Regardless of the structure, collaborative planning, clear identification of roles and responsibilities, comprehensive training and ongoing quality assurance is essential for the success of case investigation and contact tracing.

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